

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

Self-Hardening Calcium Phosphate Materials with  
High Resistance to Fracture, Controlled Strength  
Histories and Tailored Macropore Formation  
Rates

Attorney Docket Number::

10118.00011

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

2

Small Entity?::

YES

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

National Institute of Dental and Craniofacial  
Research

Contract or Grant Numbers::

R29 DE12476 and DE11789

Secrecy Order in Parent Appl.?: NO

## Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Huakun

Middle Name::

Family Name:: Xu

Name Suffix::

City of Residence:: Gaithersburg

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 112 Apple Blossom Way

City of mailing address:: Gaithersburg

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Laurence

Middle Name:: C.

Family Name:: Chow

Name Suffix::

City of Residence:: Potomac

State or Province of Residence:: MD

Country of Residence:: US

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20060424 030103

City of mailing address:: Potomac  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Shozo  
Middle Name::  
Family Name:: Takagi  
Name Suffix::  
City of Residence:: Gaithersburg  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 17 Leatherleaf Court  
City of mailing address:: Gaithersburg  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Frederick  
Middle Name:: C.  
Family Name:: Eichmiller  
Name Suffix::

20100301 10:30:10

City of Residence:: Ijamsville  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 2709 Loch Haven Drive  
City of mailing address:: Ijamsville  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21754

### Correspondence Information

Correspondence Customer Number:: 22908

### Representative Information

Representative Customer Number:: 22908

### Domestic Priority Information

Application:: This application	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assign e Information

Assignee name:: American Dental Association Health  
Foundation  
Street of mailing address:: 211 East Chicago Avenue  
City of mailing address:: Chicago  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60611

2010E0-1249807